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MONTREAL, FEBRUARY, 1894.

THE COLD BATH TREATMENT OF FEBRILE DISORDERS.

During the last few years, Brand's method of treating fevers by the use of the cold bath has made very rapid progress, being now adopted in many hospitals by the most progressive physicians in the treatment of typhoid fever. The death rate seems, without doubt, to have been considerably reduced thereby. Our attention has been called, however, to the remarkable effects of the cold water treatment of fevers generally, by the perusal of an excellent paper by Dr. T. K. Holmes of Chatham, Ont., read before the last meeting of the Ontario Medical Association, in which he refers to the experiments of Lauder Brunton, made many years ago, which show that the heart of the turtle or frog, when removed from the body, will have its beat quickened or slowed by exposure alternately to heat and cold.

These observations indicate the stimulating effect of heat on the cardiac sympathetic. Dr. Holmes infers from this that blood cooled by the cold bath inhibits the heart and the respiration through its action on the vagus. Dr. Holmes has applied this treatment in a new class of cases, namely, those in which convulsions are accompanied by high temperature. The results were most satisfactory, so that he has come to regard the cold bath as an absolute specific for convulsions coming on during a febrile attack.

Our own experience very fully substantiates the high place which Dr. Holmes gives to the

cold water treatment of fevers, although in private practice the objection of the friends of the patient to immersing them in a cold bath are almost insurmountable. We have, however, obtained really good results with cold water administered in other ways. To begin with, the patient is fed entirely on iced milk, both for the reason that they will take a much larger quantity of this nourishment when cold than they would if hot; 2nd, the raising of two quarts or more of milk at a temperature of 32° up to a temperature of 103° causes the abstraction of a considerable quantity of heat; 3rd, it may be the presence of iced milk in the stomach in close proximity to the heart may have had the remarkable inhibitory influence to which Dr. Holmes refers in connection with the use of the cold bath. Besides this, we took care to have a plentiful supply of ice water or broken ice constantly beside the patient's bed, so that he could help himself as often as he wished. The drinking of ice water or the sucking of ice in turn causes intense thirst, and this thirst itself is made use of to induce the patient to drink still larger quantities of ice water.

Besides these means of keeping down the temperature, pulse and respiration, it has been our custom for the last 20 years to have the patient sponged 2 or 3 times a day with a weak mixture of spirits and water, the moisture being allowed to evaporate instead of being dried off. There are few patients who will not claim that this proceeding is exceedingly grateful to them. By these means, therefore, the practitioner can keep down the temperature and pulse rate even in private practice, where it would be impossible to sufficiently overcome the prejudices of the friends and relatives of the patient to permit of the employment of Brand's cold bath treatment. The beneficial effects of the taking in of large quantities of cold water in addition to the iced milk are immediately seen in the disappearance of the high color from the urine and also of the dicrotic characteristic of the pulse, which is due, of course, to insufficient filling or tension of the arteries. Arterial tension, we need hardly say, is a prime factor in the nourishment of the heart, which is only fed by the coronary arteries, which in turn are but poorly filled, when the pulse is dicrotic and the arterial tension low.